



Dual Enrollment Course Adjustment Form

Student Name _____
Last First Middle

TCC Student ID Number _____

Name of High School _____

This form applies to the following semester: _____

This individual has permission to change his/her TCC course schedule.

PLEASE REMOVE THE STUDENT FROM:

Reference #	Course ID	Course Title	Class Location: High School or College Campus

PLEASE ADD THE STUDENT TO:

Reference #	Course ID	Course Title	Class Location: High School or College Campus

School Counselor's Name (please print) _____

School Counselor's Signature _____ Date _____

TCC Dual Enrollment Advisor Signature _____ Date _____